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The Old and The Restless: A Comparative Analysis of Traditional and Greenhouse Model
Nursing Homes.

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Abstract

This study will examine how two different nursing home types, the medically focused institutional model and the greenhouse model, affect the retention rates for staff. Staff turnover rates are higher in nursing homes than in other healthcare facilities(Tilden, Thompson, Gajewski, & Bott, 2012; Trinkoff, Han, Storr, Lerner, Johantgen & Gartrell, 2013). There has not been extensive research done on whether the type of nursing home impacts staff retention rates. This research seeks to provide additional foundational knowledge of this topic for policy makers, health care professionals, families and advocates for the elderly, and other stakeholders.

Introduction

Background

Nursing homes, whether specifically called that or not, have been around for centuries. These facilities that take care of the chronically ill and elderly individuals have been working to care for their residents the best they could with the knowledge and limited resources they had. Multiple issues have become prevalent in recent decades due to the shortage of licensed nurses and other staff, the economic strain and decreased work efficiency, and the sharp increase of elderly individuals needing the assistance that is associated with nursing homes (Tilden et al., 2012; Trinkoff et al., 2013).

One of the most critical issues in nursing homes is the retention of staff. Previous research has found that turnover rates of nurses and other workers are significantly higher for long term care when compared to the other medical settings (Wells, 2018). On the other hand, little research has been done to examine how different types of nursing homes impact retention levels.

By examining the types of nursing home and subsequent retention rates, future research can be useful in determining whether one type of service delivery and agency structure results in better staff retention rates. Nursing homes exist in a variety of structures. Traditional/institutional/generic/medically focused nursing homes resemble a hospital setting with one or two large facilities and multiple hallways branching from the center. Greenhouse model/greenhouse project/resident centered nursing homes resemble a neighborhood with multiple houses lining the streets.

The question to be studied is “How do the differences between greenhouse nursing homes and traditional nursing homes affect retention rates of the facility’s staff?”.

Literature Review

A great deal of research has examined nurse turnover and retention rates in nursing homes. The significant factor that contributes to these issues is the work environment. Within nursing homes specifically, different psychological and physical stress because of the heavy workload and time pressure, increasingly strenuous orders from superiors, and the non-supportive work environment lead to burnout and turnover in those institutions (Bratt & Gautun, 2018; Trinkoff et al., 2013; Tilden et al., 2012; Rosen, Stiehl, Mittal, & Leana, 2011). These difficult working conditions results in higher levels of turnover and lower levels of retention.

Higher levels of turnover and lower levels of retention have a multitude of negative effects on the working environment. First, nurse and resident relationships are limited because of the lack of stability in the workplace. Research done by Kali Thomas and associates also found that when staff stability was low, daily activities for residents declined, infections and hospitalization increased, the presence of pressure sores and indwelling catheter usage increased, and the use of physical restraint increased (Thomas, Mor, Tyler & Hyer, 2013). Although these findings were attributed to nursing homes, in-home care, or care that is performed directly in the resident’s home, was not affected as significantly by turnover due to the decreased workload and other factors (Bratt & Gautun, 2018).

Nursing aides also experience an increased rate of turnover. Nicholas Castle and his fellow researchers found that some of the main reasons why nurse’s aides expressed a desire to leave as well as turnover were a general consensus of decreased job satisfaction and “fundamental flaws in the environment of long-term care (Castle, Enberg, Anderson & Men,

2007). One solution to increase retention of nursing aides is to improve initial training and to increase collaboration of all of the staff.

Alternatives to the generic institutional model can have negative qualities as well. Research done by Miriam Ryvicker studied the differences between the medical model of nursing homes and the resident-centered model. Even though the resident centered facility had better avenues to connect their residents to activities that they enjoy and help maintain their sense of identity, their quality of life was negatively impacted from the infant like treatment of some of the staff. Though the staff engaged most of the residents in identity solidifying activities, including residents with Alzheimer's, some were treated like "vulnerable children" and others were forced to participate in activities that they were otherwise not inclined to participate in.

A highly celebrated model for nursing homes is the Greenhouse (GH) model. This new model is innovative and progressive. Residents within GH nursing homes experience higher quality of life, higher levels of emotional wellbeing, and maintain activities of daily living late in life when compared to the traditional nursing homes. Residents also experienced increased social engagement, but also had higher levels of depression. The higher levels of depression can be attributed to better reporting because of the increased efficiency of the collaborative multidisciplinary staff teams (Sheryl Zimmerman, Bowers, Chen, Grabowski, Horn & Kemper, 2016).

The increased amounts of integration and collaboration of all types of staff in the GH model attribute to increased retention of all levels of staff. In addition, human resource practices were also increased which lowered workloads and worker stress. GH model building structures also increase the ease of workload for staff. Due to smaller staff-to-resident ratios and increases personal interactions between the two people groups. This physical structure also facilitates an

increase in the response rate for early warnings of issues with residents by increasing the efficiency of the staff. (Sheryl Zimmerman et al., 2016). Collaboration within groups is vital for all staff involved. Without collaboration, all staff experience lower levels of confidence in their skill, which correlates with a decreased quality of life for the residents.

Lastly, the GH model is shown to be less expensive than the generic models. Medicare spending for GH nursing homes as a whole has decreased. The GH model was associated with a thirty percent decrease when compared to the average nursing home. This can most intuitively be explained by the higher levels of efficiency of staff. This amount of efficiency attributes to lower levels of readmission to hospitals and lower levels of preventable chronic illnesses. GH nursing homes have a higher upfront cost to residents, but many states are beginning to implement monetary incentives for choosing this type of nursing home.

Methodology

qualitative research was conducted to get the personal perspectives from the interviewees relative to the research questions. Data was gathered through in person interviews with administration, registered nurses, and specialized greenhouse model nursing home coordinators. There was a total of eight interviews. Four different nursing homes were chosen from an availability standpoint. Two of the nursing homes were generic style, otherwise known as traditional, homes and the other two were greenhouse nursing homes. The majority of interviews were conducted with administrators and registered nurses. Confidentiality forms were written to ensure ethical interviews. The interviews were then recorded and transcribed in order to perform a content analysis. The content analysis was used to look for any patterns and similarities in responses.

Results

From the various responses that were conducted during the interviews, the similarities can be grouped into five different categories: CNA education, staff to resident ratios, relationships, staff hierarchy, and corporate focus.

CNA Education

Education affects turnover in an important way. If a potential CNA is not properly educated on what their responsibilities are and how to effectively fulfill said responsibilities, emotional exhaustion and burnout will quickly occur. Traditional nursing homes require only the basic amount of training. The greenhouse model combats this common source of turnover by including extra education that focuses on how to do their job, conflict management, and critical thinking. This extensive training helps to create self-managed teams that can both adapt to changes in the workplace and can learn how to efficiently perform their various tasks. A quote that encapsulates the necessity of the extra training comes from an administrator in one of the greenhouse model nursing homes is as follows.

... They get 90 hours of training, that's all they get. Of course, they have to pass a test to get their certification so, it's really important for the provider, us, to pick up that training because they come in with a very, very basic knowledge, and it may not even cover all of the basics.

Staff to Resident Ratios

In a traditional setting, staff to patient ratios are generally high. For CNAs, the averages are a group of two to three certified nursing assistants for every twenty-five to thirty-five residents. For RNs, the state minimum is one registered nurse for every forty residents. Generally nursing homes stay close to the minimum to maximize profits. These extreme ratios have serious consequences in terms of turnover. Workloads are almost unbearable, and burnout is a common occurrence solely because of this issue. The director of nursing at one of the facilities said,

Just giving the morning medication, if you are doing it right, should take you around 3 hours. That gives you 9 out of your 12 hours just passing out pills. You cannot really do any of your other work. You are stretched thin just to do anything else. So definitely that's what gets many people.

The greenhouse model changes this by implementing a unique physical structure. Instead of there being one massive facility with multiple hallways jutting out from the center, there are multiple house like structure. Each house holds 12 residents. For each house there is a team of two to three CNAs, depending on the time of day, and one RN or LPN. The lower ratios cause lower stress levels and lower burnout.

Relationships

Close bonds between staff and residents are essential to create a healthy and stable environment that promotes a higher quality of life for the residents. With the high amounts of turnover in the traditional nursing home, the ability to make close relationships is limited. From the interviews with the traditional nursing homes, turnover with the different types of nurses were around 40 to 50 percent. For the CNAs the turnover is much higher. Turnover within the greenhouse nursing homes are in the single digits at all levels. This subject is best characterized by the assistant administrator in one of the greenhouse nursing homes. She stated,

Part of this model is to create relationships. So, when you have a constant turn in a house, that's a small group of elders so we want them to always be comfortable knowing, this shift and this shift, you know which faces to look for and names. So, when that turnover is there, some of the negative effects can be that the elder may not have the connection with their caregiver. The caregiver won't know me and what I like. If there's constant turnover, you can't [develop] that relationship.

Staff Hierarchy

The differences in staff hierarchy is apparent. This specific aspect heavily influences why the retention rates of the CNAs are so much higher than their traditional counterparts. In the greenhouse nursing homes, certified nursing assistants have the most power. The CNAs have

self-sustained, self-managed teams that take care of their residents in a holistic way. In the interdisciplinary meeting CNAs control the flow of the conversations and the different team has the ability to make decisions without the administration's approval. This intuitively makes sense because the nursing assistants are the ones that are closest to the elders. Nursing assistants are recognized as an essential part of long-term care in both types of nursing homes. This is illustrated by both the assistant administrator in the greenhouse nursing home and the director of nursing in the traditional homes. The assistant administrator stated, "Well, you know, the large, really the wheel when it comes to long-term care comes down to the CNAs." She also added, "[The CNAs] are the closest to the elder, so they should be the advocates. So, they should be right there at the center of the decision-making with the elders." The director of nursing agreed by stating, "... really the spine of the nursing homes is the CNAs."

Corporate Focus

The focus at the corporate level is completely different within the two different homes. Even though both are considered for profit nursing homes, the differences are apparent. The director of nursing at one of the traditional homes stated,

But for the most part it's big corporations that just want to make money. They don't care whether the residents are actually being taken care of, which is insane. If you don't provide the right kind of care, there is a fine, but its negligible. They still make money. That's why they are okay with the minimum standards... The bottom line is the money. That's capitalism for you.

The administrator at one of the greenhouse nursing homes stated,

One of the big differences between the corporation that is over our home and traditional homes, is that our corporation actually cares about the resident. Even though our nursing homes have a much lower margin of profit, the elders are being taken care of. That's what is important.

Limitations

There are a number of limitations with this study. The study was performed from availability and convenience sampling was used. Another limitation was that administrators were interviewed the most. CNAs, as well as the residents themselves, were not interviewed to learn about their perspectives. There is also a time restraint because the research could only be performed over a two-month span.

Conclusion

This study provides foundational knowledge, such as the structural and functional components of each model, that compares how two different types of nursing homes impact the turnover levels of their staff. This research can be used by nursing homes to improve the quality of their care, it can be used by policy makers, and can be used by advocates of the elderly.

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